

# STUDY OF THE UNITED STATES INSTITUTES (SUSI) APPLICATION FORM

| A. Theme of the SUSI Institute   | <u>*</u> *                         |                           |  |  |
|--|------------------------------------|---------------------------|--|--|
| If you are a <b>secondary teache</b>                                       | r <b>or administrator</b> , please | e select from list below: |  |  |
| ☐ Secondary Educators (Teachers)   |                                    |                           |  |  |
| ☐ Secondary Educators (Administrators)                                     |                                    |                           |  |  |
| f you are a university lecturer, please select from list below:            |                                    |                           |  |  |
| <ul><li>American Culture and Values</li><li>Journalism and Media</li></ul> |                                    |                           |  |  |
|  |                                    |                           | Religious Pluralism in the United States |  |
| U.S. Economics and But   | ısiness                            |                           |  |  |
| U.S. Foreign Policy  |                                    |                           |  |  |
| Workforce Developme  | ent                                |                           |  |  |
|  |                                    |                           |  |  |
|  |                                    |                           |  |  |
|  |                                    |                           |  |  |
| B. Applicant's Full Name - exa   | ctly as it appears on pass         | <u>port</u>               |  |  |
|  |                                    |                           |  |  |
| Last Name*:  |                                    |                           |  |  |
| Given Names*:  |                                    |                           |  |  |
|  |                                    |                           |  |  |
| C. Gender*   | O Male                             |                           |  |  |
| c. dender  |                                    |                           |  |  |
|  | O Female                           |                           |  |  |
|  |                                    |                           |  |  |
| D. Date of Birth*  |                                    | Type mm/dd/yyyy           |  |  |
|  |                                    |                           |  |  |
| E. Birth City*   |                                    |                           |  |  |
| <u> </u>   |                                    |                           |  |  |
| F. Birth Country*  |                                    |                           |  |  |
| r. Birtii Country  |                                    |                           |  |  |
|  |                                    |                           |  |  |
| <u>G. Citizenship</u>  | Primary*:                          |                           |  |  |
|  | Secondary:                         |                           |  |  |
|  | (if applicable)                    |                           |  |  |
|  |                                    |                           |  |  |
| H. Residency*  |                                    |                           |  |  |
|  |                                    |                           |  |  |
| I. Medical, Physical, Dietary o  | r other Personal Conside           | rations                   |  |  |
|  | Disability (if applicable):        |                           |  |  |
|  | Disability (II applicable).        |                           |  |  |

|  | Please describe any pre-existing medical condition be taking, allergies, or other dietary or personal of the selection, but will enable the host institution to necessity. | consideration. <i>This will n</i> | ot affect candidate                     |
|--|--|-----------------------------------|---|
|  |  |                                   |   |
|  |  |                                   |   |
| L Comdidate Contact Informat                     | <u> </u>   |                                   |   |
| J. Candidate Contact Informates Street Address*: | <u>ion</u>   |                                   |   |
| (No P.O. BOX)                                    |  |                                   |   |
| (1101101001)                                     |  |                                   |   |
| City*:   |  |                                   |   |
| State or Province*:                              |  |                                   |   |
| State of Frontiee .                              |  |                                   |   |
| Postal Code*:                                    |  |                                   |   |
| Country*:  |  |                                   |   |
| Email Address*:                                  |  |                                   |   |
| Phone Number*:                                   |  |                                   | lumbers only. For                       |
| Contact name & relationship:                     |  | е                                 | xample: 123456789<br>Example: John Doe, |
| contact name & relationship.                     |  |                                   | Husband                                 |
| Emergency Contact Phone:                         |  |                                   | Numbers only                            |
| Emergency Contact Email:                         |  |                                   |   |
|  |  |                                   |   |
| K. Current Position, Institution                 | **   |                                   |   |
|  | <u>'                                    </u>   | ost) Government Minist            | ar Sanior Evacutiva atc                 |
| r osition 1                                      | OUniversity Dean, Government Advisor, Vic  |                                   |   |
|  | OSchool administrators   | Je President, Junior Exec         | utive                                   |
|  | OSenior Professor, Department Chair, Direc   | ctor. Editor. Officer. etc.       |   |
|  | OAssociate Professor, Senior Researcher/T  |                                   | Staff. etc.                             |
|  | OAssistant Professor, Assistant Editor, Cool fellow, etc.  |                                   |   |
|  | OLecturer, Teacher, Consultant   |                                   |   |
|  | OTeaching Assistant, Instructor  |                                   |   |
|  | O0ther   |                                   |   |
| Current Role/Job Title*:                         |  |                                   |   |
| Institution Name*:                               |  |                                   |   |
| Institution Country*:                            |  |                                   |   |
| institution country .                            |  |                                   |   |

### L. Work History\*

\*Please limit work experience to five most recent job positions.

| From<br>(MM/DD/YYYY) | To<br>(MM/DD/YYYY) | Title<br>(Please specify if position is part-time) | Institution |
|----------------------|--------------------|--|-------------|
|                      |                    |  |             |
|                      |                    |  |             |
|                      |                    |  |             |
|                      |                    |  |             |
|                      |                    |  |             |

## M. Education, Academic and Professional Training\*:

\*Please list all earned degrees beginning with most recent. Degrees listed should reflect the closest U.S. equivalent:
Associates Degree (2-Year Degree) – Bachelor's (BA/BS) – Master's (MA/MS) – Doctoral Candidate/ABD – Ph.D/JD – Post-Doctorate

| Degree Earned | Year Awarded | Specialization | Institution |
|---------------|--------------|----------------|-------------|
|               |              |                |             |
|               |              |                |             |
|               |              |                |             |
|               |              |                |             |
|               |              |                |             |

| Additional Academic/Professional Training/ Workshops: |  |  |  |  |
|---|--|--|--|--|
|   |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |

#### N. Publications Related to the Institute Theme (within the last five years):

\*Please list all foreign titles in English, including whether the publication was a book, chapter, journal article, newspaper article, web article, etc. Please only list publications within the last five years.

| Publication Type | Year Published | Title and Publisher |
|------------------|----------------|---------------------|
|                  |                |                     |
|                  |                |                     |
|                  |                |                     |
|                  |                |                     |

#### O. Active Memberships in Professional Associations:

\*Please limit to three most relevant. Provide the position and organization.

Ex. President, Washington Educational Professionals Association.

| Position | Title | Organization |
|----------|-------|--------------|
|          |       |              |
|          |       |              |
|          |       |              |

| Other Leadership Positions Beyon *Please provide the activity, position/  |   | ed, and the descript            | ion of duties.   |                          |
|---|---|---------------------------------|------------------|--------------------------|
| P. Professional Responsibilities*: Please describe professional responsil curriculum design), and/or other perti  | =   | -                               |                  | ve responsibilities (ex. |
| Q. Have you traveled to the United  Yes No  If yes, please list any previous travel to previous ECA related grants. Provide of Washington, DC; December 1-15 2018 | o the United States for the purpodates/duration, purpose of visit(s | s), and location. (Ex           |                  |                          |
| R. Family Residing in the United S *Please include relation information S. Current Courses Taught*:   |   | e Doe, sister- Denve            | er, CO)          |                          |
| Course Title*   | Level of Students (Secondary/<br>Undergraduate/ Graduate)           | Classroom Hours<br>Per Semester | # of<br>Students | U.S. Studies Content (%) |
|   |   |                                 |                  |                          |
|   |   |                                 |                  |                          |
|   |   |                                 |                  |                          |
|   |   |                                 |                  |                          |
|   |   |                                 |                  |                          |

## T. Current Student Advising (for university lecturers only):

Advising is not the same as teaching. We are looking for the number of students, their level, and hours you spend providing assistance in helping students clarifying personal and career goals and evaluating progress towards those goals. This section can also include those that supervise PhD and graduate students.

| Number of Students Advised Studying U.S. | Level of Students                    | Hours of Advising Per Student Per |
|--|--------------------------------------|-----------------------------------|
| Related Topics                           | (Secondary/ Undergraduate/ Graduate) | Year                              |
|  |                                      |                                   |

| U. Potential Outcomes*:   |  |  |
|---|--|--|
| Please select any likely potential professiona                          | l outcomes of this program.  |  |
| ☐ Update Existing Course ☐ School Curriculum Redesign ☐ New Publication | ☐ Create New Course ☐ National Curriculum Redesign ☐ Professional Promotion      | ☐ Create New Degree Program ☐ New Research Project ☐ Government or Ministry Policy |
| ☐ New Professional Organization   | ☐ New Institutional Linkages   | ☐ Raise Institutional Profile  |
|   | or develop courses and/or educational muse of the experience to augment your ins |  |
| V. Personal Statement*:   |  |  |
| Please insert your personal essay here. The e                           | essay should be no more than 250 words and sl                                    | nould convey the following topics:   |
| * Why are you interested in participating in t                          | the Institute?   |  |

- \* What do you hope to gain from the Institute?
- \* What will you contribute to the Institute?
- \* How will you leverage the experience to achieve "other potential outcomes" checked in the above section?
- \* How will you amplify the impact of the program beyond your research and knowledge? What is your multiplier effect?